

Minton Care Hotels Ltd

# Carleton House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Carleton House Care Home is a residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

### People's experience of using this service and what we found

We have made a recommendation that the provider seeks advice and guidance on the development of formal quality monitoring processes. Care plans and other records relating to people's care also required further work as they did not always provide detailed information for staff on how to support people, this included information people's wishes and preferences. Whilst further work was required in this area there was no impact on the quality of the service provided. Everyone we spoke with felt the service delivered a person centred service of good quality. There was a positive, open and homely culture and atmosphere. People, relatives, and staff were engaged and listened to. The management team and provider were committed to developing the service and worked with other external professionals to maintain and improve upon the quality of the service delivered.

People were supported to stay safe. Risks to people, including from the environment, were assessed and managed. Medicines were managed safely and people received them as prescribed. There was a good standard of cleanliness in the home and staff took action to reduce the risk of the spread of infections. People were supported by a consistent and stable staff group, there were enough staff to meet people's needs.

People were supported by competent staff who understood their needs. Staff applied best practice guidance to achieve good outcomes for people using the service. People were supported to eat and drink enough. Staff took action to ensure the meals offered met people's needs and preferences. People were supported to look after their health needs, this included staff working in collaboration with health care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People were respected as individuals. People were supported to express their views and make decisions regarding their support. Staff treated people respectfully and supported their dignity.

People were provided with person centred care that met their needs and preferences. Staff encouraged people to engage in their hobbies and interests. People were supported to maintain relationships that were important to them. Communication with relatives was good and relatives, where appropriate, felt involved and consulted in the care provided. Regular planned activities in the home were provided to people. People and their relatives were supported sensitively and compassionately when people were at the end of their

lives. The service had not received any complaints but people and relatives felt comfortable and able to discuss any concerns they had with the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 4 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Requires Improvement ●

# Carleton House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

Carleton House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with eight members of staff including a director, two senior care assistants, a member of the domestic staff, the chef, two care assistants, and the staff member responsible for maintenance. We also spoke with a visiting health care professional.

We reviewed a range of records. This included five people's care records and two people's medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with another director and the registered manager which included providing feedback on the service and clarification to validate evidence found. We also spoke with three relatives and another health care professional who regularly visit the service. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Learning lessons when things go wrong

- The registered manager had oversight of the incidents and accidents that occurred in the service however, there was no formal system to analyse any patterns or trends. The development of such a system can help to mitigate repeat incidents and accidents.
- Staff knew how to report incidents using the system in place. They said these would be reviewed and might then result in changes to a person's care plan to help manage any identified on-going risks.

### Systems and processes to safeguard people from the risk of abuse

- There had been no recent safeguarding concerns in the service. The registered manager understood what concerns they might need to report. Records showed the registered manager consulted with appropriate professionals if they had any safeguarding concerns.
- Staff had access to safeguarding policies and information. Staff told us they would not tolerate poor practice and would report any concerns they had to the management team. One staff member said, "If I saw any issues with any resident or staff member I wouldn't have any issue going straight to my manager."

### Assessing risk, safety monitoring and management

- Risks to people were monitored and responded to. For example, people who were at risk of skin breakdown were regularly repositioned and their skin monitored.
- Risk assessments were completed to help identify where people might be at risk of harm. People told us they felt safe. One person described to us how staff used safe moving and handling practice to support their mobility.
- Risks to the environment were assessed and managed. There were regular water safety checks and checks on fire safety equipment were carried out. We identified during our inspection a back door was left unsecured which posed a risk that people could leave or enter the building without staff knowing. The director told us no one in the service would be at risk of this and they wanted people to feel they had freedom to move around the home and garden. They advised however that they would put in place a formal risk assessment to consider this in more detail.

### Staffing and recruitment

- There were enough staff to meet people's needs. A staff member told us, "Yes I feel there is, we have time with the service users during the day and they are never rushed." Relatives told us they always saw plenty of staff around the home. A health professional said when they visited they saw people were responded to promptly and did not have to wait long for assistance.
- The registered manager and director kept staffing levels under review and discussed staffing levels weekly.

- Many of the staff had worked at the service for a long time. This meant people benefited from a stable and consistent staff group who knew them well. A health professional said, "They maintain their staff, a lot of long-standing staff there which I think speaks for itself."

#### Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. There was information for staff on people's medicines, this included medicines that were administered 'as required'. People's medicines administration charts were completed accurately. People told us they received their medicines regularly and on time.
- Regular audits were carried out on people's medicines which helped to identify any errors and ensure people received their medicines as prescribed. Staff were knowledgeable about people's individual medicines.

#### Preventing and controlling infection

- The home was clean and pleasant smelling. People told us regular cleaning took place and they were happy with the level of cleanliness in the home.
- Staff understood the importance of infection control and associated procedures. Staff had attended training in infection control. Responsive action was taken by staff when a person had an infection to reduce the risk of it spreading to others.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training in basic mandatory areas such as fire safety and moving and handling. Training records showed other subjects such as nutrition and person-centred care were available but the amount of staff who had undertaken training in these areas was low. We discussed with the management team the importance of ensuring staff received training that was specific to the needs of people they supported, such as dementia and end of life care. They told us they were reviewing their training and had plans in place to implement such training.
- Staff were knowledgeable in how to support people. People told us they had no concerns regarding the competency of staff. A health professional told us, "[Staff] know what they are doing. They know when something is not right, because they know them so well they can see subtle little changes that they pick up."
- New staff received an induction which consisted of training and shadowing other staff. New staff completed the care certificate. The care certificate is a nationally recognised set of standards that define the knowledge, skills, and behaviours expected of specific job roles in health and social care.
- Staff told us they felt supported by the management team and received regular supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and discussed with them. Staff used nationally recognised tools to help assess the risks of skin damage and malnutrition.
- Staff applied best practice guidance which helped provide positive outcomes for people. For example, few incidents had occurred in the service and no one living in the service had any skin breakdown.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a balanced diet and eat enough. Where people had been identified as at risk in relation to their diet staff monitored people's intake and acted if they had any concerns.
- Information about people's dietary needs was held in the kitchen which helped to ensure people received the correct food. We observed the chef and staff discussing meal options with people and supporting them to choose what they would like. People and relatives spoke positively of the food provided. One person told us, "The food is lovely. I cannot complain about that I have a good choice of what I would like." A relative said they appreciated the food was cooked on site.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to ensure their health and care needs were met. People were supported to access a range of services. One person said, "I have had the chiropodist, they have done a

wonderful job. I have had the dentist out when I have needed them and the GP to check I am still ok."

- People's health care needs were assessed. For example, people had regular oral health assessments in place. When people had specific health conditions that required additional support, such as an infection, staff put in place acute health condition care plans to provide additional guidance for staff on how to respond.
- Health care professionals told us staff were responsive and proactive in identifying health care concerns. They told us staff followed their advice and guidance.

Adapting service, design, decoration to meet people's needs

- Some areas of the home were a little tired in places however the provider had implemented a plan of refurbishment across the home. We saw where areas had been refurbished this was much improved.
- The provider had also considered access issues and acted to make bathrooms in the service more accessible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had identified where people might lack capacity in respect to certain decisions and had completed paperwork in relation to this. Although this paper work was not detailed and did not evidence best interests' decisions, the service was applying the MCA in practice.
- Staff understood the importance of seeking people's consent and the need to support people's decision making.
- The registered manager had correctly identified where applications to deprive people of their liberty were required and these had been applied for appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared for people in a kind and caring manner. We observed kind and caring interactions. People, relatives, and health care professionals told us they felt staff were caring. One relative said, "Staff are very friendly that is why we chose it here. They look after [name] really well they are approachable." A health professional told us staff were very committed to the people living in the home. They said, "Every carer I've come in to contact [with] there is fantastic and works so hard."
- Staff respected people as individuals with their own rights and individual needs. Many of the staff and people at the service had been at the service for a long time. This had resulted in strong relationships where staff knew people, including their life history, very well. A relative told us, "They have a policy of including everybody."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make decisions. There were monthly one to one meetings between people and staff where people could discuss the support provided to them. People and relatives, where appropriate, told us they felt involved and consulted. One relative told us, "The care staff are amazing at letting us know what is going on, like if [name] is having a bad day they will let us know not to come in."
- Staffing levels in the home were such that there was time for staff to interact with people, this meant there was opportunity to have day to day conversations and seek feedback from people as the care was provided. For example, we observed the chef walking round the home checking with people on their preferences for the lunch time meal and we saw staff had time to discuss the activities on offer that day and encourage people to join in. A relative told us, "[Staff] try to get [name] engaged as much as they can."
- The service was located in a rural area with few amenities. Staff had recognised that this impacted on people's ability to purchase items they would like. They had developed a 'shop trolley' which they took around the home, so people could make decisions about what toiletries or snacks they might want to have. A staff member told us people would put in requests for specific items and they would purchase them and include these on the trolley.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people respectfully and in a way that supported their privacy and dignity. People were supported with their personal care and appearance. Staff spoke about people in a respectful manner. One person said, "I find [staff] very respectful and I cannot fault them."
- Staff encouraged people's independence where possible. A relative told us, "Somehow [staff support

name] without them losing their dignity. Losing their ability to do pretty much anything is pretty frustrating and [staff] manage this. They treat [name] with respect and as an adult who can make up their own mind."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans, including end of life care plans, were in place which provided information to staff on how to meet people's needs. These were not always detailed and did not include information about people's preferences, social history, or spiritual needs in relation to their end of life. Whilst the impact of this was mitigated due to staff knowing people very well such information helps support the delivery of person-centred care. The director told us they recognised some improvements were needed regarding their format. We saw they had been exploring other formats and systems, including electronic care planning.
- Whilst improvements were needed in respect to people's written plans we found in practice people received individual and personalised care. Staff knew people well and people were consulted on the support provided. This had helped ensure the support provided was in line with people's needs and preferences. People told us they had the freedom to do what they wanted. One person told us, "We get up when we like and go to bed when we like."
- Staff worked closely with health care professionals to help identify where people might be reaching the end of their life. A health care professional told us staff regularly discussed and reviewed people's needs where they were reaching the end of their life. This included ensuring appropriate medicines were in place in advance of them being needed so that people could be comfortable and their pain levels well-managed.
- Staff were sensitive and supportive when providing people and their relatives with end of life care. A relative told us, "[Staff] engaged with myself and my [other relative] when we knew it was getting close. [Registered manager] was really professional but also very sensitive and I think she handled it just right." Another relative told us, "We actually feel [name] had the best year of their life whilst they were in there." They went on to say how attentive staff had been and praised the effort staff had taken to encourage their relative to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Information about the service, such as activities, was provided to people. The newly developed service user guide had been written which provided people with information about the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relationships were supported through regular communication and contact. Relatives told us they felt very welcome and were able to visit when they liked. One relative told us staff had invited them to spend Christmas at the service when staff had realised they would be on their own. The relative told us how much they had appreciated this.
- Regular planned activities were on offer. People and relatives told us they were happy with the activities provided. Staff also knew people's individual interests and hobbies and supported people to engage in these in addition to the planned activities. For example, one person was a keen gardener. They told us how they had been given a piece of the garden and a raised flower bed directly outside their bedroom window. Staff brought the person flowers and plants and supported the person with planting these.

#### Improving care quality in response to complaints or concerns

- The service had not received any complaints. People and relatives told us they would feel comfortable and able to discuss any concerns or complaints with the registered manager. A relative told us, "[Registered manager] is lovely and approachable."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant systems in place did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of a formal quality monitoring systems and processes. The only formal audits carried out in the service were on medicines, infection control, and food safety. No detailed service development plan was in place. Such systems and processes help to ensure consistent good quality services. We also found records did not always provide detailed or accurate information on people's care needs.
- Some systems and processes, such as those around the MCA and incidents needed strengthening to help the service evidence it was meeting its regulatory requirements.

We recommend the provider seeks advice and guidance from a reputable source on the development of a more formal quality monitoring system and governance structure.

- Whilst the development of a more formal governance system was required we found there was little impact on the quality of the service provided. Everyone we spoke with were very positive about the service provided. A relative said "I can't find any fault with it at all it's an excellent place." Both health professionals spoke very positively about the service. One said. "I think they are fantastic."
- Although a structure of formal oversight in the home was lacking the registered manager was closely involved in the running of the service and did have oversight of the service delivered. The provider's directors were also closely involved in the service. Strong communication with people and relatives also supported a consistent and good quality of service. People, relatives, and staff spoke positively about the management of the service and felt the service was well-led. A relative told us, "[Registered manager] is extremely good at what she does."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was a positive, friendly, family atmosphere. People, relatives, told us they felt the management team were open, approachable and supportive of them. One relative said, "You didn't feel you couldn't ask anything."
- Staff and the management team were committed to providing a person-centred good quality service. One relative told us, "They don't just do the cheapest option, they think about things in the long run."
- Staff were supportive of each other and worked well together. Staff told us they would not hesitate to challenge and report any practice they saw that undermined the quality and caring nature of the service. They told us they felt confident and able to report such concern to the management team should they need

to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was met. Relatives told us staff were open and honest with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Systems were in place to involve and consult people on the service provided. The director told us they carried out monthly meetings with people and invited their relatives to attend. They said they used these meetings to help monitor the service provided and identify any wider issues in the service.
- Staff were also engaged and consulted in the delivery of the service. Staff told us they felt valued and appreciated. Staff meetings were held every four to six months. The director told us they had recognised that staff meetings were not always well attended and had implemented different systems and forms of communication in response.
- The registered manager had worked with the local authority to help them learn and improve the service. They were not regularly attending local provider networks but told us they were planning to do this following our inspection. The provider also told us they had arranged for an external consultant to work with the service to help them continue to grow and improve the service.
- The service held regular events in the home such as open days which they invited the local community to. Regular events such as a summer fete and Christmas fair were also organised. Some relatives had stayed in touch with the service after their family member had passed away, invites to attend these events were also offered to them.